| PATENT | APPLICATION   | FFF | <b>DETERMINATION</b> | RECORD |
|--------|---------------|-----|----------------------|--------|
|        | ALL EIVALIVIT |     |                      | HEGUID |

Effective October 1, 1996

Application or Docket Number

936657

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |  |                  | SMALL ENTITY       |                     | OTHER THAN OR SMALL ENTITY |                     |               |                        |
|---|--|---|--------------|-------------------------------|--|------------------|--------------------|---------------------|----------------------------|---------------------|---------------|------------------------|
| FOR   | NUMBER FILED   |   | NUMBER EXTRA |                               |  | RATE             | FEE                |                     | RATE                       | FEE                 |               |                        |
| BASIC FEE   |  |   |              |                               |  |                  | 385.00             | OR                  |                            | 770.00              |               |                        |
| TOTAL CLAIMS 45 minus 20 = 1  |  |   | s 20 = *     | <u> 25 </u>                   |  |                  | x\$11=             |                     | OR                         | x\$22=              | 550.°°        |                        |
| INDEPENDENT CLAIMS # minus 3 = *  |  |   |              |                               |  |                  | x40=               |                     | OR                         | x80=                | 80.°°         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                               |  |                  |                    | +130=               |                            | OR                  | +260=         | 260,°                  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                               |  |                  | Ĺ                  | TOTAL               |                            |                     | TOTAL         | 1660, <sup>co</sup>    |
| CLAIMS AS AMENDED - PART II   |  |   |              |                               |  |                  |                    | OTHER THAN          |                            |                     |               |                        |
|   | (Column 1) (Column 2)  |   |              |                               | mn 2)  | (Column 3)       |                    | SMALL ENTITY        |                            |                     |               | ENTITY                 |
| AMENDMENT A   | the state of the s | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY  | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE     |                     | RATE          | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total  | .59                                       | Minus        | "4                            | <del>\text{\ti}\}\\ \text{\tinit}\\ \text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\tinz{\texi}\text{\texi}\text{\texi}\text{\texi}\text{\text{\texi}</del> | = 8              |                    | x\$11=              |                            | OR                  | x\$22=        |                        |
| ME  | Independent  | . 7                                       | Minus        | 4                             |  | =                |                    | x40=                |                            | OR                  | x80=          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |  |                  | ] [                | +130=               |                            | OR                  | +260=         |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |  |                  | ΑŒ                 | TOTAL<br>ADDIT. FEE |                            |                     | OR ADDIT. FEE |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | HEST<br>BER<br>OUSLY   | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE     |                     | RATE          | ADDI-<br>TIONAL<br>FEE |
| MENDMENT  | Total  | *   | Minus        | **                            |  | =                |                    | x\$11=              |                            | OR                  | x\$22=        |                        |
| AME   | Independent  | *   | Minus        | ***                           |  | =                |                    | x40=                |                            | OR                  | x80=          |                        |
| ٩   | FIRST PRES   | SENTATION OF                              | MULTIPLE     | DEPEND                        | ENT CL   | AIM              |                    | +130=               |                            | OR                  | +260=         | -                      |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |  | AC               | TOTAL<br>DDIT. FEE |                     | OR                         | TOTAL<br>ADDIT. FEE |               |                        |
| ENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY   | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE     |                     | RATE          | ADDI-<br>TIONAL<br>FEE |
| MOZ   | Total  | *   | Minus        | **                            |  | =                |                    | x\$11=              |                            | OR                  | x\$22=        |                        |
| AMENDMENT   | Independent  | *   | Minus        | ***                           |  | =                |                    | x40=                |                            | OR                  | x80=          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130   |  |   |              |                               |  |                  |                    | +130=               |                            | OR                  | +260=         |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                               |  |                  |                    |                     |                            |                     |               |                        |